FOR DLS USE ONLY **Request For Laboratory Services** LIMS Workorder#: (For use of this form, see USACHPPM TG 214; the proponent is Date Received: MCHB-TS-LID) Date Accepted: Processor's Initials/Date: **SECTION A: PROJECT INFORMATION** 1. Request submitted by: First Name Last name 2. Send a copy of this request to E-mail Address: 3. Program Number, CHPPM ONLY: 4. JONO: 5. SUBJONO: **Project Officer Information** 6. Project Officer Name: Title First Name Last name 7. Voice Phone Number: 8. Voice DSN: 9. Cell Phone: 10. Fax Number: 11. E-mail Address: 12. Field Contact Person: Title First Name Last name 13. Field Phone: 14. Was Project Coordinated w/DLS?Y (Yes) or N (No): 15. DLS Technical Consultant: Title **First Name** Last name 16. Standard Fund Source: 17. Special Fund Source: 18. Date range that samples are expected to arrive at DLS (mm/dd/yyyy): 19. Project Name: 20. Project Installation: 21. Installation State: 22. Installation Country: 23. Project Associations: a. Regulatory b. QAPP C. Other Special Conditions:

21. Installation State: 22. Installation Country: 23. Project Associations: a. Regulatory b. QAPP
c. Other Special Conditions: 24. Project Description / Objective: 25. Will samples contain residual chlorine? All None Some Explain: 26. Some Explain: 27. Replaces CHPPM Form 330-R-E, Feb 05, which is obsolete. Page 1 of 3

26.	Sample or Site History (High toxicity, etc.):							
SECTION B: PROJECT COORDINATION INFORMATION								
27.	27. Are sampling kits/ supplies needed? ○ No, ○ Yes 28. Date the kit/supplies are requested by:							
29. Kit handling preference: O Pick-Up O Ship								
Shi	pping Address Information							
30.	Name: _							
31.	Company:							
32.	Street:							
33.	City: 34. State: 35. Zip Code + 4:							
36.	Country:							
37.	Voice Phone Number:							
38. Number of coolers requested:								
39. Expected Number of Shipments:								
Special Handling Requirements								
	40. Chain-Of-Custody							
	41. Safety Considerations Specify:							
	42. Analyses with short holding times							
	List specific analyses:							
	List specific unaryses.							
	43. Other Special Handling Requirements:							
	43. Other Special randling Requirements:							
SECTION C: REPORT DELIVERY OPTIONS								
ı	Desired methods for delivery for results. Check all that apply: 45. Desired electronic format (if applicable):							
	☐ Hardcopy (required) ☐ Email ☐ FAX ☐ Electronic Report (pdf) ☐ Excel file (xls) ☐ Access file (mdb)							
46.	Name:							
47.	Company:							
48.	Street:							
49.	City:							
LIDS 330-R-E, Oct 05 (MCHB-TS-LID) Replaces CHPPM Form 330-R-E, Feb 05, which is obsolete. Page 2 of 3								

50. State: 51. Zip Code + 4: 52. Country: 53 Voice Phone Number: 54. FAX Number: 55. E-mail Address: 55. E-mail Address: 56. Priority Requested: Standard, O High, O Top = Business days Or								
57. Requested Due Date:								
SECTION E: ANALYSIS REQUESTED 58. a. b. c. d. e. f. g.								
DLS Acode Requested	Description	Method	Matrix	Item Cost	Quantity	Line Cost		
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LIDS 330-R-E, Oct 05 (MCHB-TS-LID) Replaces CHPPM Form 330-R-E, Oct 05, which is obsolete. Page 3 of 3								